



Schenectady County Public Health Services

Children with Special Needs
107 Nott Terrace, Suite 306
Schenectady, New York 12308-3170
Phone: (518) 386-2815
Fax: (518) 386-2801

Certification of Under the Direction and Accessibility for Occupational Therapy Services

School Year _____ Agency Name _____

Discipline: Occupational Therapy Assistant (OTA)

Name _____ License # _____ NPI # _____
(print)

Signature of Certified OTA

Date

I am providing under the direction and accessibility in the following manner:

- Participate in the development of the child’s IEP program, signing and dating the treatment plan;
- Monitor the mandated delivery of Occupational Therapy (OT) services;
- Perform an initial face to face contact with each student served by the OTA I am supervising and periodically observe the OTA with each student in the provision of services;
- Be readily available to the OTA for assistance and consultation, through phone, email or fax;
- Consult with the OTA through regular monthly meetings and make recommendations, as appropriate;
- Review and sign periodic progress notes (i.e. monthly, quarterly) prepared by the OTA;
- Review and sign each session note; and
- Review service sheets used for Medicaid billing.

I will keep the appropriate records documenting that the “Under the Direction Of” activities have occurred (i.e. telephone logs, minutes of meetings, minutes of observations etc.) and will provide a copy of these to the county at least quarterly.

OT Name _____ License # _____ NPI # _____
(print)

Signature of Licensed Occupational Therapist

Date

Contact Information



Occupational Therapy “Under the Direction Of” Log

Child Name _____ School Year _____

Agency _____ OT Services Mandated _____

Assigned OTA _____ License # _____ NPI # _____

Supervising OT _____ License # _____ NPI # _____

I will keep the appropriate records documenting that the supervision services have occurred (i.e. telephone logs, minutes of meetings, minutes of observations, initial and subsequent periodic face to face contacts with each student and OTA).

ACTIVITY	Date	Type of Meeting (Group, Individual, Telephone, Etc.)	Services / Evaluation Recommended	OT SIGNATURE
IEP REVIEW				
<i>INITIAL OBSERVATION - Face to Face with Child</i>				
September Meeting				
October Meeting				
<i>2nd OBSERVATION - Face to Face with Child</i>				
November Meeting				
December Meeting				
<i>3rd OBSERVATION - Face to Face with Child</i>				
January Meeting				
February Meeting				
March Meeting				
<i>4th OBSERVATION - Face to Face with Child</i>				
April Meeting				
May Meeting				
June Meeting				
<i>Summer Observation – Face to Face with Child</i>				
July Meeting				
August Meeting				

NOTE: The supervising OT MUST provide an initial (within first 2 weeks) and subsequent periodic face to face contact for each student being serviced by an OTA. The OT must have on file the manner in which he/she has provided supervision to the OTA for each and every child being serviced. The supervision must be direct supervision.